|           | MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET<br>(FOR USE WITH FORM PTO-875) |            |                     |  |                        |  |          |               | 10.<br>108<br>NT(s) | /089112      |              |                | FILING DATE                                      |  |  |
|-----------|--|------------|---------------------|--|------------------------|--|----------|---------------|---------------------|--------------|--------------|----------------|--|--|--|
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